

S. No. 2  
M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31902

State File No. ....  
Registrar's No. **8320**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1226 So. 7th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**  
(a) State Missouri (b) County 17  
(c) City or town St. Louis, **922**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1226 So. 7th St.,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME John Egholm  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 6th  
year 1942 hour 4 minute 59 a. M.

4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased apr. 16th 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15  
1942 to October 6th 1942  
that I last saw him alive on am Oct 6th 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
70 5 20 hr. min.

Immediate cause of death.....  
Due to Paralysis from  
Cerebral Hemorrhage  
Due to Senility

9. Birthplace new York City, N. Y. (City, town, or county) (State or foreign country)  
10. Usual occupation Fireman w. p. a.  
11. Industry or business Retired 5 Years

Other conditions (Include pregnancy within 3 months of death) gza!  
Major findings: gza!  
Of operations gza!  
Of autopsy gza!

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4  
14. Maiden name Unknown  
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Egholm  
(b) Address 1306 A So. 7th St.  
17. (a) Burial (b) Date thereof 10/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? (e) Means of injury.....

18. (a) Signature of funeral director E. M. McLaughlin  
(b) Address 2301 Lafayette Ave.  
19. (a) OCT 7 1942 (b) J. F. Bredenk  
(Date received local Registrar) (Registrar's signature)

23. Signature J. C. Thurman (M. D. or other) **0**  
Address 5269 Vermont Date signed 10/7/1942

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul A. Keith*

Licensed Embalmer No. *3617*

P. O. Address *2317 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**